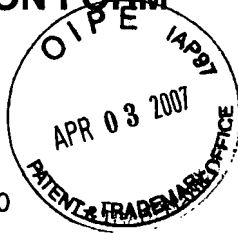


IFW

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/683,093
Filing Date	11/16/2001
First Named Inventor	Roland R. THOMPSON et al.
Title	Substitute fulfillment system
Art Unit	3623
Examiner Name	Tarae, Catherine Michelle
Attorney Docket No.	FLD0001-CIP2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the CUSTOMER NUMBER:
OR

21967



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number **21967**
OR



The address associated with Customer Number:
OR

<input type="checkbox"/>	Firm or Individual Name				
Address					
City	State	Zip			
Country					
Telephone	Facsimile				

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/8/07
Typed or Printed Name	MICHAEL BLACKSTONE	Telephone	610-722-5715
Title and Company	PRESIDENT PRISM PNEUMATIC TECHNOLOGIES		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.